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## BIB DATA SHEET

CONFIRMATION NO. 2638

<b>SERIAL NUMBER</b> 10/542,451	<b>FILING or 371(c) DATE</b> 07/15/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> MICROM19		
<b>APPLICANTS</b> Hubert Euvrard, Besancon, FRANCE; Jean-Philippe Mallet, Paris, FRANCE; Etienne Deveaux, La Madeleine, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/03091 10/20/2003 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 03/00474 01/15/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 02/28/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /YOGESH P PATEL/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Gary M Cohen Strafford Building Number Three Suite 300 125 Strafford Avenue Wayne, PA 19087-3318 UNITED STATES						
<b>TITLE</b> Dental power instruments, such as endodontic instruments, and contra-angle handpiece						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		